



7-19-4

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/628,245
	Filing Date	7/28/00
	First Named Inventor	CAIN, GEORGE R. JR.
	Group Art Unit	2683
	Examiner Name	Tran, Congvan
Total Number of Pages in this Submission	Attorney Docket Number	CM03314J

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OFFICE OF PETITIONS

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Petition to Revive Unintentional
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Certified Copy of Priority Documents	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature			
Date	7/16/04		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as express mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:			
Typed or printed name	Maria E. Rodriguez		
Signature		Date	7/16/04

FEE TRANSMITTAL		Complete if Known	
Patent fees are subject to annual revision		Application Number	09/628,245
Applicant claims small entity status. See 37 CFR 1.27		Filing Date	7/28/00
		First Named Inventor	CAIN, GEORGE R. JR.
		Examiner Name	Tran, Congvan
		Group Art Unit	2683
		Attorney Docket No.	CM03314J
TOTAL AMOUNT OF PAYMENT		(\$) 1330.00	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number		Fee	Fee
Deposit Account Name		Code	Code
The Director is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below		1051	130
<input checked="" type="checkbox"/> Credit any overpayments		1052	50
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, except for issue fee		1053	130
<input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.		1812	2520
		1804	920*
		1805	1840*
		1251	110
		1252	420
		1253	950
		1254	1480
		1255	2010
		1401	330
		1402	330
		1403	290
		1451	1510
		1452	110
		1453	1330
		1501	1330
		1502	480
		1503	640
		1460	130
		1807	50
		1806	180
		8021	40
		1809	770
		1810	770
		1801	770
		1802	900
		Other fee (specify)	
		SUBTOTAL (3) (\$) 1330	
FEE CALCULATION		SUBTOTAL (2) (\$) 0	
1. BASIC FILING FEE		SUBTOTAL (1) (\$) 1330	
Large Entity Small Entity		SUBMITTED BY	
Fee	Fee	Name (Print/Type)	Barbara R. Doutre
Code	Code	Registration No.	39,505
1001	770	Telephone	
1002	340	Signature	Barbara R. Doutre
1003	530	Date	7/16/04
1004	780		
1005	160		
SUBTOTAL (1) (\$) 1330			
2. EXTRA CLAIM FEES			
Previously Paid** Extra Fee from Fee Paid			
Total Claims	15 - 42 =		
Independent Claims	4 - 9 =		
Multiple Dependent	280 =		
Large Entity Small Entity			
Fee	Fee		
Code	Code		
1202	18		
1201	84		
1203	280		
1204	84		
1205	18		
SUBTOTAL (2) (\$) 0			
** or number previously paid, if greater; For Reissues, see above.			